

COUNTY OF FAIRFAX

APPLICATION No:

SP 2014-LE-138

(Staff will assign)

RECEIVED
Department of Planning & Zoning

MAR 2 5 2014

Zoning Evaluation Division

Department of Planning and Zoning Zoning Evaluation Division 12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711

www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION FOR A SPECIAL PERMIT

	(PLEASE I YPE of PRINT IN BLACK INK)
APPLICANT	NAME Angel Whisenany
	MAILING ADDRESS,
	PHONE HOME (707) WORK
	PHONE MOBILE (5-7/) EMAIL
	PROPERTY ADDRESS AND
PROPERTY INFORMATION	Welle CINAPPER ST Springfield Va. 22150
	TAX MAP NO. SIZE (ACRES/SQ FT)
	ZONING DISTRICT MAGISTERIAL DISTRICT
	R-9
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION
	10-103 8-305, 8-914
	PROPOSED USE and to permit errors in building location
	HUME-13ASE, CHILD DAYCARE 3.3 feet from rear lot line and
AGENT/CONTACT INFORMATION	NAME Angel Whisenant
	MAILING ADDRESS
	lelelle l'imarron St Springtiela pa 22150
	PHONE HOME (703) WORK (571)
	PHONE MOBILE (5-7/) EMAIL
MAILING	Send all correspondence to (check one): Applicant -or- Agent/Contact
WAILING	Send an correspondence to (cheek one). [] Applicant -or [] Agent/Rontact
ndersigned has the power to	owner(s) of record shall be provided on the affidavit form attached and made part of this application. The authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject
roperty as necessary to proce	ss the application.
MARI W.	MIENANT Mewlllen
TYPEFPRINT NAMI	E OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT
	Laborah ledro fenterton 3P 2014-0178
DO NOT WRITE IN	
Date Application acce	epted: July 8, 2014 Application Fee Paid: \$ 435,00

Page 1

SPECIAL PERMIT STATEMENT OF JUSTIFICATION

In order for the Board of Zoning Appeals to assess the proposed home child care against the Zoning Ordinance's standards for home child care facilities (which are provided in Attachment 3), you will need to provide a written statement describing the proposed home child care, and other necessary information, including specifically:

- A. Hours of operation (for example 7AM to 6PM, Monday through Friday).
- B. Estimated number of children and largest number present at any one time, excluding the provider's own children.
- C. Proposed number of employees/attendants/teachers/etc. Indicate whether the employees work part-time or full-time (if part-time, please include their hours).
- D. Estimated drop-off and pick-up schedule and largest number of drop-offs and pick-ups at any one time (for example, three children arrive at 7:15 AM while one child arrives at 8:00 AM).
- E. Describe the general area or neighborhood which will be served by your child care (do they live in your neighborhood, or come from outside areas?).
- F. Describe how parents get to the child care (do they drive, walk or take a bus?) and where they may park (if they drive).
- G. Describe the dwelling and how the use will operate within the dwelling, including square footage dedicated to the home child care facility. Include a floor plan to show what areas of the dwelling will be used for the child care.
- H. Describe the outdoor play areas in order to supplement the information provided on the plat. If outdoor play areas are not located on the property, provide information about where the outdoor play will be provided and how the children will get to those playgrounds.
- I. If your neighborhood has a homeowners' association and you have received approval from them for your use, please include a copy of that approval.

Please be sure to read the General Standards; Sections 8-006 of the Zoning Ordinance (found on page 1 of Attachment 3) and the Special Standards for Home Child Care Facilities; Section 8-305 of the Zoning Ordinance (found on page 2 of Attachment 3). Take special care to ensure your statement addresses these standards. Remember your statement of justification is your first impression to the Board of Zoning Appeals.